

City of Center Line  
7070 E. Ten Mile Road      Center Line, MI 48015  
Phone: (586) 757-6800

**APPLICATION FOR BUSINESS LICENSE/REGISTRATION**

Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Applicant's Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Assumed or Firm Names: \_\_\_\_\_  
Applicant's Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ State Sales Tax License Number: \_\_\_\_\_  
Property Owner's Name: \_\_\_\_\_  
Property Owner's Date of Birth: \_\_\_\_\_ Property Owner's Social Security Number: \_\_\_\_\_  
Property Owners Driver's License Number: \_\_\_\_\_  
Property Owner's Home Address: \_\_\_\_\_  
Property Owner's Home Phone: \_\_\_\_\_

Names and Addresses of all Officers and/or Managers and their dates of birth and home phone numbers (a waiver from the Public Safety Department for a criminal history check must be completed for each person listed below):

1. Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_
2. Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_
3. Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Location of Business: \_\_\_\_\_  
Length of time business will be operated: \_\_\_\_\_  
Nature and quality of goods or service: \_\_\_\_\_  
Manner of Operation \_\_\_\_\_  
Established Location, foot, truck, etc.

Kind of Advertising: \_\_\_\_\_

Has applicant or persons named above ever been charged or convicted of any non-traffic misdemeanor or felony criminal offense?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, state particulars: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above answers are correct and true.

\_\_\_\_\_  
Applicant's Signature      Date  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public, County of Macomb, Michigan

**APPROVED BY:**

DEPARTMENT	SIGNATURE	DATE
Police Dept. Files		
Fire Department		
City Treasurer		
Building Dept.		
City Manager/Clerk		

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Issued by: \_\_\_\_\_